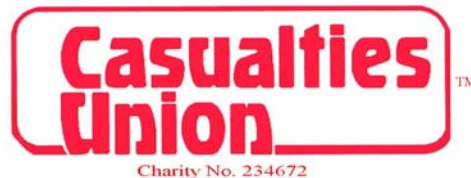


APPLICATION FOR ENROLMENT



From: **BRANCH/STUDY CIRCLE**

I (full name - printed)
agree to abide by the Constitution and Regulations of Casualties Union.

I wish to be enrolled as a Trainee of Casualties Union, and I understand that I shall be entitled to the privileges of this grade of membership for the remainder of the subscription year (currently 31 March). I understand that my subscription may be renewed upon payment of a further fee. Trainees enrolling after 30 November will not be required to pay a subscription the following year.

I confirm that I have been shown a Member Level Development Portfolio and that I am willing to undertake the training and assessment activities detailed therein.

Address: Title (Dr, Mr, Mrs, Miss, Ms)

..... ☎ Nos.:

..... Occupation:

..... Date of birth:

Postcode: e-mail:

Signed: Date:.....

Consent required for applicants under 16 years of age:

Signature of Parent/Guardian: Date:.....

Application endorsed by Unit Leader/Secretary:

Signed: Date:.....

This form when completed should be sent with the Annual Subscription to:

HONORARY GENERAL SECRETARY, CASUALTIES UNION HEADQUARTERS
PO BOX 1942, LONDON E17 6YU